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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 1931RE
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>WELLA AKTIENGESELLSCHAFT</u>		
and the title of my position with said assignee is: <u>PROCURATOR</u>		
and the title of my position with said assignee is: _____		
The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Laurent CHASSOT</u>	Citizenship SWISS	
Residence/Mailing Address <u>La Chapellenle, CH-1724 Praroman, Switzerland</u>		
Inventor <u>Hans-Juergen BRAUN</u>	Citizenship GERMAN	
Residence/Mailing Address <u>Kappelacker 19, CH-3182 Ueberstorf, Switzerland</u>		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent US 6,689,174B2	Date of Patent Issued FEB. 10, 2004	
Title of Invention <u>N-Benzyl-P-Phenylenediamine-derivatives containing coloring agents for keratine fibres...</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:		
the specification of which		
<input checked="" type="checkbox"/> is attached hereto.		
<input type="checkbox"/> was filed on _____ as reissue application number _____ and was amended on _____ (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
<input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input checked="" type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete., including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
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originally filed declaration

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 1931RE					
<p>At least one error upon which reissue is based is described as follows:</p> <p>Inadvertently, and without deceptive intent, the last page of the German text or the PCT Application as originally filed was omitted from the papers sent to the U.S. attorneys for the applicant when entering the National Phase. Accordingly, three claims were not translated and were not part of the application as filed. Therefore, the translation submitted was not a complete translation and this Reissue is submitted to cure this defect.</p>							
[Attach additional sheets, if needed.]							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>							
<p>I hereby appoint:</p>							
<input checked="" type="checkbox"/> Practitioners at Customer number: 278		<p>OR</p> <input type="checkbox"/> Practitioner(s) named below:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Name</th> <th style="text-align: center;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </tbody> </table>		Name	Registration Number				
Name	Registration Number						
<p>Correspondence Address: Direct all communications about the application to:</p>							
<input checked="" type="checkbox"/> Customer Number: 278		<p>OR</p>					
<input checked="" type="checkbox"/> Firm or Individual Name: MICHAEL J. STRIKER							
Address: 103 EAST NECK ROAD							
Address:							
City: HUNTINGTON	State: NY	Zip: 11743					
Country: USA							
Telephone: (631) 549 4700	Fax:	(631) 549 0404					
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>							
<p>Full name of person signing (given name, family name)</p>							
Signature		Date					
Address of Assignee DARMSTADT, GERMANY							